

STATE OF WASHINGTON

SEARCH AND RESCUE MISSION DATA SHEET

(In accordance with WAC 118-04, send this completed form and other mission information within 15 working days to:
SAR Coordinator, Washington State Emergency Management Division, Camp Murray, WA 98430-5122)

RESPONSIBLE AGENCY: _____ INCIDENT COMMANDER: _____ PHONE: _____

DATE OF MISSION: / / TIME: : : MISSION NUMBER: _____
mo day yr 24 hour clock Local State AF RCC Other

SUBJECT INFORMATION

Place Injured or Last Known Position: UMS - Grid: SEA ; Lat N Long W; T R S
Degrees/Minutes/Seconds Section Degrees/Minutes/Seconds Township Range

UTM: _____ ; Location Common Name: _____

Category:

- | | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Deceased | <input type="checkbox"/> Horseback | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Rafter | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Alzheimer | <input type="checkbox"/> Despondent | <input type="checkbox"/> Hunter | <input type="checkbox"/> Mountain Bike | <input type="checkbox"/> Retarded | <input type="checkbox"/> Walkway |
| <input type="checkbox"/> Boater | <input type="checkbox"/> Elderly | <input type="checkbox"/> Injured | <input type="checkbox"/> Overdue | <input type="checkbox"/> Downhill Skier | <input type="checkbox"/> XC Skier |
| <input type="checkbox"/> Camper | <input type="checkbox"/> Fisherman | <input type="checkbox"/> Intentional | <input type="checkbox"/> Photographer | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Child | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Lost | <input type="checkbox"/> Picker | <input type="checkbox"/> Swimmer | |
| <input type="checkbox"/> Climber | <input type="checkbox"/> Hiker | | | | |

Cause:

- | | | | | |
|---|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drugs | <input type="checkbox"/> Got Lost | <input type="checkbox"/> Poor Equipment | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Change/Weather | <input type="checkbox"/> Equipment Failed | <input type="checkbox"/> Inexperience | <input type="checkbox"/> Poor Fitness | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Darkness | <input type="checkbox"/> Fall | <input type="checkbox"/> Injury | <input type="checkbox"/> Poor Supervision | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Despondent | <input type="checkbox"/> Falling Object | <input type="checkbox"/> Mental | <input type="checkbox"/> Separation | |

Behavior:

- | | | | | |
|--|---|---|---|------------------------------------|
| <input type="checkbox"/> Built Fire | <input type="checkbox"/> Followed Terrain | <input type="checkbox"/> Moved During Night | <input type="checkbox"/> Stayed Put | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Constructed Shelter | <input type="checkbox"/> Headed to Civilization | <input type="checkbox"/> Moved Uphill | <input type="checkbox"/> Stayed on Road | <input type="checkbox"/> Wandered |
| <input type="checkbox"/> Did Nothing | <input type="checkbox"/> Moved During Day | <input type="checkbox"/> Panicked | <input type="checkbox"/> Stayed on Trail | <input type="checkbox"/> X-Country |
| <input type="checkbox"/> Discarded Gear | <input type="checkbox"/> Moved Downhill | <input type="checkbox"/> Signaled for Help | <input type="checkbox"/> Used Travel Aids | |

Subjects:

1. Name: _____	Address: _____	Phone #: _____	Sex: _____	Age: _____
2. Name: _____	Address: _____	Phone #: _____	Sex: _____	Age: _____
3. Name: _____	Address: _____	Phone #: _____	Sex: _____	Age: _____
4. Name: _____	Address: _____	Phone #: _____	Sex: _____	Age: _____

Subject Realized Lost	Date: _____	Time (24-hr): _____	Time Subject Found	Date: _____	Time (24-hr): _____
Subject Reported Missing	Date: _____	Time (24-hr): _____	Total Search Time	Days: _____	Hours: _____
Call-Out Initiated	Date: _____	Time (24-hr): _____	Total Time Lost	Days: _____	Hours: _____
Resources Arrival at LKP	Date: _____	Time (24-hr): _____			

SEARCH AREA INFORMATION**Weather:**

- | | | | | |
|--|----------------------------|------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clear | Temperature | Wind/mph | Rain | Snow |
| <input type="checkbox"/> Fog | High _____ | High _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> Overcast | Low _____ | Low _____ | <input type="checkbox"/> Occasional | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Partly Cloudy | | | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Light |
| <input type="checkbox"/> Stormy | Visibility: Distance _____ | | <input type="checkbox"/> Heavy | <input type="checkbox"/> Heavy |
| | | | | <input type="checkbox"/> Depth _____ |

Terrain:

- | | | | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|----------------------|
| Topography | <input type="checkbox"/> Mountain | Ground Cover | Water | Timber | Elevation: _____ ft. |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Prairie | <input type="checkbox"/> 0 | <input type="checkbox"/> Canal | <input type="checkbox"/> Dense | |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Flat | <input type="checkbox"/> Light | <input type="checkbox"/> Lake | <input type="checkbox"/> Moderate | |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Rolling | <input type="checkbox"/> Moderate | <input type="checkbox"/> River | <input type="checkbox"/> None | |
| <input type="checkbox"/> Wilderness | <input type="checkbox"/> Rugged | <input type="checkbox"/> Dense | <input type="checkbox"/> Sound | <input type="checkbox"/> Some | |
| | | Height _____ | <input type="checkbox"/> Ocean | | |

SEARCH AND RESCUE MISSION DATA SHEET (Continued)(State Mission # _____)

RESPONSE ☐ Search ☐ Rescue ☐ Recovery

Tactics:

- ☐ Air Scent Dog
☐ Attraction
☐ ATV
☐ Boat
☐ Closed Grid -30
- ☐ Confinement
☐ Diver
☐ Fixed Wing
☐ Ground Scent Dog
☐ Hasty Team
- ☐ Helicopter
☐ Horseback
☐ Motorcycle
☐ Mountain Bike
☐ Open Grid +30
- ☐ Raft
☐ Road Search
☐ Snowmobile
☐ Sweep
- ☐ Tracking
☐ Other _____

Clues Found By:

- ☐ Air Scent Dog
☐ Attraction
☐ ATV
☐ Behavioral Data
☐ Boat
- ☐ Closed Grid -30
☐ Confinement
☐ Diver
☐ Fixed Wing
☐ Ground Scent Dog
- ☐ Hasty Team
☐ Helicopter
☐ Horseback
☐ Interview
☐ Motorcycle
- ☐ Mountain Bike
☐ Open Grid +30
☐ Raft
☐ Repeat Search
☐ Snowmobile
- ☐ Sweep
☐ Statistical Data
☐ Trackers
☐ Vehicle
☐ Other _____

Subject Found By:

- ☐ Air Scent Dog
☐ Attraction
☐ ATV
☐ Boat
☐ Closed Grid -30
- ☐ Confinement
☐ Diver
☐ Fixed Wing
☐ Friends
☐ Ground Scent Dog
- ☐ Hasty Search
☐ Helicopter
☐ Horseback
☐ Motorcycle
☐ Mountain Bike
- ☐ Non SAR Personnel
☐ Open Grid +30
☐ Raft
☐ Relatives
☐ Snowmobile
- ☐ Sweep
☐ Tracking
☐ Vehicle
☐ Other _____

MISSION SUSPENSION/TERMINATION

Reason:

- ☐ Authority Decision
☐ False Report
- ☐ Family
☐ Hazards to Searchers
- ☐ Lack of Clues/Evidence
☐ Subject Found
- ☐ Subj. not in Search Area
☐ Survivability
- ☐ Weather
☐ Other _____

Subject Found:

- ☐ Deceased ☐ Hypothermia ☐ Major Injuries
- ☐ Minor Injuries ☐ Well

Distance from Last Known Position: Miles _____ : Tenths _____
Elevation difference from Last Known Position: _____ ft. to _____ ft.

REMARKS

Resources Used:

	Unit	Personnel	Hours	Miles
1				
2				
3				
4				
5				
6				
7				
8				

Comments, Observations, Problems:

Report Prepared By: _____ Title: _____

Signature: _____ Date: _____

Agency: _____

ATTACH COPY OF MAP AND ROSTER OF RESPONDERS (EMD-078)